



EMPLOYER EVALUATION FORM

Forklift operator hands-on evaluation

Watch the operator do each task on the truck and in the area they will actually work in.

Operator _____ Truck class _____ Date _____

Make / model _____ Unit # _____

#	TASK	OK	NEEDS WORK	DOESN'T APPLY
1	Pre-shift check done and any defect reported	☐	☐	☐
2	Seat belt on before moving	☐	☐	☐
3	Smooth forward and reverse, looking where they're going	☐	☐	☐
4	Horn at corners and intersections	☐	☐	☐
5	Watches for and yields to people on foot	☐	☐	☐
6	Picks up a load squarely, forks fully under	☐	☐	☐
7	Travels with forks low, mast tilted back	☐	☐	☐
8	Stacks and unstacks at height safely	☐	☐	☐
9	Sets the load down level and backs out clear	☐	☐	☐
10	Parks correctly: forks down, brake set, power off	☐	☐	☐
• Other tasks this job needs (docks, ramps, attachments): _____				

Stop the evaluation if you see:

- No seat belt on a truck that has one
- A near-miss with a person on foot
- Raising or lowering a load while moving
- Driving a truck with a known defect

Then: mark Not yet, note what to retrain on, and evaluate again after retraining. Until they pass, they drive only under direct supervision. A truck with a defect stays out of service until it is fixed.

Result: ☐ Pass ☐ Not yet Retrain on: _____

Employer certification record

Operator _____ Evaluation date _____

Training: Online training by Easy Forklift Certification, completed _____, certificate no. _____

Check it's real at easyforkliftcertification.com/verify

Evaluator name _____ Title _____

Signature _____ Re-evaluate by (at least every 3 years) _____



This form helps you record the hands-on evaluation required by 29 CFR 1910.178(l). Your company decides who evaluates and keeps this on file.

easyforkliftcertification.com/forklift-operator-evaluation/